	PATEN	T APPLICAT	non fee	DETERN ember 8, 2	aina'	TION REC	ORI		10	70	611	9.
				D - PART		tumn 2)	_	SMALL TYPE	ENTITY	. 0		ER THAN
Ľ	TOTAL CLAIM	15						RATE	FE		RATI	
f	OR	NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 160.	00 O			
Ī	OTAL CHARG		minus 20=		•		X\$ 25:		4	1,000	1	
IN	DÉPENDENT		minus 3 =				- :	+				
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•	d the itiflecore	n is estima a i	- 1000 th					+180=		O	+360=	
- •	* If the difference in column 1 is less than zero, enter *0" in column 2									O	TOTAL	
10	12/05	Column 1)		Colum	m 2)	(Column 3)	L	SMALL	ENTITY	OF	OTHE	R THAN CENTITY
WENDMENTA		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	1.5	Minus	1-2	0	•	+1	X\$ 25=		OR	X\$50=	
A	Independent	<u> - /-</u>	Minus		<u></u>	•	-	X100=		OR	X200=	
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	25-0	(Column 1)		(Column 2) (Column 3)				TOTAL OR TOTAL ADDIT. FEE OR ADDIT. FEE				
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		NTATION OF MI	Minus	DENDENT C	410.5	• (.)		K100-		OR	X200=·/	
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	lotal .	• .	Minus	-	(i)		x	25=			X\$50=	FER
1	ndépendent	•	Minus:							OR		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							100=		OR	X200=	
Bi	If the entry in column 1 is tess than the entry in column 2, write 70° in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter 20."									оя	+360=	
7	he Highest Num	ther Previously Pai ther Previously Paid or Previously Paid	e for in thi	S SPACE IN NO.	S than	50' auta. 50'.	ADD	TOTAL IT. FEE	opriate bo	OA A	TOTAL DOTT FEEL ma.1.	
	10-675 (Risk 104									. "_	ATMONT OF	COMMETCE.